

EXHIBIT C

Life Insurance Claim Form of Gettys Bryant
Millwood

09/16/2016 09:48

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BRADLEY*FOWLER I

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State Farm Life Insurance Company (Not licensed in MA, NY or WI)
State Farm Life and Accident Assurance Company (Licensed in NY and WI)

Doc
Type: **11** ☐ Check Digit

Life Insurance Claim Form

Policy Number
0939-2349

A separate Life Claim Form must be fully completed for each beneficiary

The following statement is required on this claim form by law in several states: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

Section 1: Deceased's Information

Full Name of Deceased: **JANE W MILLWOOD**

Date of Birth: **-44**

Manner of Death (illness, accident, homicide, suicide): **ILLNESS**

Cause of Death: **CONGESTIVE HEARTF**

Section 2: Beneficiary's Information

If the beneficiary is a Trust and multiple trustees are recorded, please provide the name, address, and phone number for each trustee.

Full Name of Beneficiary (or Trust): **GETTYS BRYANT MILLWOOD**

Driver's License Number: **001515484**

Date of Birth: **1945**

Phone number: Home: **(704) 677-5377** Work:

Section 3: All beneficiaries must complete Section 3 in full. (TIN, Name, Address, Date, Signature)
If the beneficiary is a minor, please provide the minor's information. Trust or estate TIN numbers may be obtained by visiting www.irs.gov.

Substitute W-9 Information/Taxpayer Identification Number (TIN) - Please Print:

Social Security Number: **6192**

Employee Identification Number (Entity): **6192**

Name: **GETTYS BRYANT MILLWOOD**

Address: **176 PEACH STREET**

(Physical Address - include Street, Apartment Number, P.O. Box)

City: **INMAN**

State: **South Carolina**

ZIP: **29349**

I certify under penalties of perjury that: (1) The TIN shown above is correct (2) I am a US Citizen or other US person (defined below), and (3) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, or I am exempt from backup withholding. (4) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA) with respect to the account(s) for which this form has been requested because I hold or otherwise maintain the account(s) in the United States.

Definition of U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

You must cross out item 3 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign
here

Signature of U.S. Person:

Gettys B. Millwood

Date: **9/16/16**

Please complete page 2 of this claim form

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BRADEY*FOWLER II

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State Farm



State Farm Life Insurance Company (Not licensed in NY or WI)
 State Farm Life and Accident Assurance Company (Licensed in NY and WI)

Doc

Type: 11

Check Digit

Policy Number
 0939-2349

Name of Beneficiary (or Trust)

Section 4: Indicate the beneficiary's desired settlement below.

☐ Lump Sum

☐ Interest Method Account

Additional form needed:

- Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form

Periodic Installment Payments

☐ Fixed Amount Installment of \$ _____
☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

☐ Fixed Years Installments for _____ years
☐ Monthly ☐ Quarterly ☐ Semi Annual ☐ Annual

Additional form needed:

- Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form

Life Income Methods

☐ Single Life Income

☐ Single Life Income _____ years certain (choose between 5 and 20 years)

☐ Joint Life Income

☐ Joint Life Income ☐ 10 ☐ 15 ☐ 20 years certain

Joint Payee Name: _____ Relationship: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Additional form needed:

- Supplementary Contract Disclosure Acknowledgement and Beneficiary Designation Form
- Copy of Birth Certificate (For Single Life Income and BOTH persons on a Joint Life Income option)

☒ State Farm Benefit Management Account

Additional form needed:

- State Farm Benefit Management Account Disclosure Acknowledgement and Beneficiary Designation Form